

Name of Candidate: Last Name, First Name, Middle Initial Mr. (✓) Mrs. () Ms. ()

C A M P B E L L , R . M I C H A E L

The following information is required for administrative purposes, only for positive identification of the filer, and will not be released to the public.

Social Security Number:

R E D A C T E D

LOCATION OF CAMPAIGN ACCOUNTS

A. Savings Account #

R E D A C T E D

Name of Banking Institute:

REDACTED

Address:

REDACTED

B. Checking Account #

R E D A C T E D

Name of Banking Institute:

REDACTED

Address:

REDACTED

NOTE:

PLEASE COMPLETE THIS ENTIRE REPORT IN BLUE OR BLACK INK OR TYPE

DO NOT USE PENCIL**KEEP A COPY FOR YOUR RECORDS****\$100 PER DAY PENALTY IF FILED LATE****January '07 Report****10/1/06 – 12/31/06**

**STATE ETHICS COMMISSION
CANDIDATE CAMPAIGN DISCLOSURE FORM**

1. Type of Report: ☐ Initial ☐ Pre-Election ☐ Final Quarterly Update: ☐ Apr 10 ☐ Jul 10 ☐ Oct 10 ☒ Jan 10

2. Name of Candidate: Last Name, First Name, Middle Initial Mr. (✓) Mrs. () Ms. ()

C A M P B E L L ,															R .					M I C H A E L																								
3. Mailing Address:															P O										B O X										1 1 2 1 1									
City:															C O L U M B I A										State:										S C									
Zip:															2 9 2 1 1										Phone:										8 0 3 - 2 3 1 - 2 0 0 6									
4. Position Sought: (House/Senate-Dist.#)															L T										G O V E R N O R																			
5. Date of Election: (mo/day/year)															6 / 1 3 / 0 6																													
6. County of Residence:															R I C H L A N D																													
7. Agency:															L T										G O V E R N O R ' S										O F F I C E									

8. Type of Election: ☐ Primary ☒ Runoff ☐ General ☐ Special ☐ Convention/Caucus

9. If filing fee was paid from personal funds and will be the only expense, enter amount of filing fee \$ _____. Stop here – sign, date, and mail this page and page 1 only at least fifteen (15) days before the election. If you receive any funds or make any other expenditures, you must open a separate account.

10. CONTRIBUTIONS (Check if none _____)	Unitemized (\$100.00 or less)	Itemized (over \$100.00)	TOTAL	
			This Period	Election Cycle
A. Candidates: Personal Funds	\$ 0.00	\$ 0.00	\$ 0.00	\$ 784,000.00
B. Individual Contributions or other	(+) \$ 0.00	(+) \$ 4,065.32	(+) \$ 4,065.32	(+) \$ 644,574.99
C. In-Kind Contributions	(+) \$ 0.00	(+) \$ 0.00	(+) \$ 0.00	(+) \$ 80,349.25
D. Total Contributions	(=) \$ 0.00	(=) \$ 4,065.32	(=) \$ 4,065.32	(=) \$ 1,508,924.24

11. EXPENDITURES	Total (This Period)	Total (Election Cycle)	12. BALANCE OF CONTRIBUTIONS	
A. In-Kind Expenditures (Must equal 10C)	\$ 0.00	\$ 80,349.25	A. Contrib. On Hand (Beginning of This Period)	\$ 19,321.85
B. Expenditures	(+) \$ 20,858.28	(+) \$ 1,426,046.10	B. Total Contributions (This Period) (10.D)	(+) \$ 4,065.32
C. Total Expenditures	(=) \$ 20,858.28	(=) \$ 1,506,395.35	C. Total Expenditures (This Period) (11.C)	(-) \$ 20,858.28
			D. Contrib. On Hand (Period End)	(=) \$ 2,528.89

13. LOANS

Amounts Owed by the Candidate \$ 283,161.26 (Must be Itemized in Section C)

CERTIFICATION: I certify that the contents of this statement are true, correct, and complete to the best of my knowledge and belief. I understand that if this statement is not received within five (5) days of the deadline, a late filing penalty of \$100.00 per day WILL be levied.

Date: 8/1/2011 Signature: J. Todd Kincannon If other than the candidate, print name below

Print: J. TODD KINCANNON

FOR OFFICE USE ONLY:

☐ Complete ☐ Incomplete

☐ Entered ☐ Scanned

FAXED COPIES WILL NOT BE ACCEPTED

The original must be received no later than 5:00 p.m. on the date of the established deadline.

NOTE: PLEASE PROVIDE ONE ORIGINAL AND ONE COPY OF THIS FORM TO THE APPROPRIATE SUPERVISORY OFFICE, AND KEEP A COPY FOR YOURSELF.

E4A.3

Name: R. MICHAEL CAMPBELL FOR LT. GOVERNOR

A. ITEMIZED CONTRIBUTIONS

DATE	FULL NAME, FULL ADDRESS, AND OCCUPATION OF INDIVIDUAL CONTRIBUTOR(S) OR FULL NAME AND FULL ADDRESS OF GROUP MAKING CONTRIBUTION		CONTRIBUTIONS THIS PERIOD	CONTRIBUTIONS TO DATE
10/13/06	Name:	Mr. Donald R. Tomlin Jr.	\$ 1,000.00	\$ 1,000.00
	Address:	4500 Ft. Jackson Blvd., Columbia, SC 29209		
	Occupation:	President/Tomlin & Co.		
10/16/06	Name:	Creative Communications (Refund)	\$ 888.25	\$ 7,552.76
	Address:	P.O. Box 24189, Greenville, SC 29616		
	Occupation:	Media Firm / Media Refund		
10/20/06	Name:	Dr. Raymond E. Cleary III	\$ 500.00	\$ 500.00
	Address:	1625 Glenn's Bay Rd., Surfside Beach, SC 29575		
	Occupation:	Physician		
10/31/06	Name:	Dr. Jennifer R. Root	\$ 250.00	\$ 250.00
	Address:	3414 Wheat St., Columbia, SC 29205		
	Occupation:	Physician		
10/31/06	Name:	Wachovia (Interest)	\$ 18.06	\$ 216.17
	Address:	705 Saluda Ave., Columbia, SC 29205		
	Occupation:	Bank		
11/2/06	Name:	Mr. Philip Cox	\$ 500.00	\$ 500.00
	Address:	12211 Kyler Ln., Oak Hill, VA 20171		
	Occupation:	Consultant		
11/13/06	Name:	BellSouth (Refund)	\$ 343.89	\$ 1,097.96
	Address:	P.O. Box 70529, Charlotte, NC 28272		
	Occupation:	Telephone Company		
11/30/06	Name:	Wachovia (Interest)	\$ 3.03	\$ 219.20
	Address:	705 Saluda Ave., Columbia, SC 29205		
	Occupation:	Bank		
12/7/06	Name:	Creative Communications (Refund)	\$ 561.00	\$ 8,113.76
	Address:	P.O. Box 24189, Greenville, SC 29616		
	Occupation:	Media Firm / Media Refund		
12/29/06	Name:	Wachovia (Interest)	\$ 1.09	\$ 220.29
	Address:	705 Saluda Ave., Columbia, SC 29205		
	Occupation:	Bank		
	Name:		\$	\$
	Address:			
	Occupation:			
	Name:		\$	\$
	Address:			
	Occupation:			

PAGE SUBTOTAL \$ 4,065.32ALL CONTRIBUTIONS LISTED -- TOTAL (Equals Number 10.D Period Total) \$ 4,065.32

E4A.4

Name: R. MICHAEL CAMPBELL FOR LT. GOVERNOR

B. ITEMIZED EXPENDITURES

DATE	FULL NAME AND FULL ADDRESS OF VENDOR OR CANDIDATE TO WHOM EXPENDITURE WAS MADE		DESCRIPTION OF EXPENDITURE	AMOUNT THIS PERIOD
10/2/06	Name:	Mr. Richard Ashmore	Reimbursement for Camera	\$ 908.10
	Address:	106 Four Meadows Ln., Greer, SC 29601		
10/2/06	Name:	Nova Info System	Merchant Fee	\$ 45.00
	Address:	7300 Chapman Hwy., Knoxville, TN 37920		
10/3/06	Name:	Miss Lindsey C. Thompson	Consulting	\$ 1,000.00
	Address:	400 Canal Place Dr., Columbia, SC 29201		
10/23/06	Name:	Miss Lindsey C. Thompson	Consulting	\$ 500.00
	Address:	400 Canal Place Dr., Columbia, SC 29201		
11/1/06	Name:	Nova Info System	Merchant Fee	\$ 45.00
	Address:	7300 Chapman Hwy., Knoxville, TN 37920		
11/6/06	Name:	Miss Lindsey C. Thompson	Consulting	\$ 250.00
	Address:	400 Canal Place Dr., Columbia, SC 29201		
11/7/06	Name:	Southern Way Inc.	Event Expenses	\$ 3,544.19
	Address:	100 East Exchange Pl., Columbia, SC 29209		
11/7/06	Name:	DeBordieu Club	Event	\$ 3,148.00
	Address:	908 Bonnyneck Dr., Georgetown, SC 29440		
11/9/06	Name:	Starboard Communications	Direct Mail, Printing	\$ 5,000.00
	Address:	1043 Barr Rd., Lexington, SC 29072		
11/9/06	Name:	Wachovia	Commercial Service Charges	\$ 10.00
	Address:	705 Saluda Ave., Columbia, SC 29205		
11/10/06	Name:	Linning Smoak Public Relations	Event Services	\$ 3,688.81
	Address:	300 North Main St., Ste 200, Greenville, SC 29601		
12/1/06	Name:	Nova Info System	Merchant Fee	\$ 45.00
	Address:	7300 Chapman Hwy., Knoxville, TN 37920		
12/8/06	Name:	Mr. Mike Campbell	Loan Payment	\$ 2,328.78
	Address:	P.O. Box 11211, Columbia, SC 29211		
12/22/06	Name:	USPS	Postage	\$ 95.40
	Address:	1601 Assembly St., Columbia, SC 29201		
12/22/06	Name:	Miss Lindsey C. Thompson	Reimbursement for Filing Fee	\$ 250.00
	Address:	400 Canal Place Dr., Columbia, SC 29201		
	Name:			\$
	Address:			
	Name:			\$
	Address:			
	Name:			\$
	Address:			

PAGE SUBTOTAL \$ 20,858.28

TOTAL (Must equal amount reported in Number 11.C This Period) \$ 20,858.28

E4A.5

Name: R. MICHAEL CAMPBELL FOR LT. GOVERNOR

C. (1) LOANS RECEIVED

DATE	FULL NAME AND FULL ADDRESS OF INDIVIDUAL OR FULL NAME AND FULL ADDRESS OF GROUP MAKING LOANS		PURPOSE	TERMS	INITIAL AMOUNT OF LOAN
	Name:	None			\$
	Address:				
	Purpose:				
	Terms:				
	Name:				\$
	Address:				
	Purpose:				
	Terms:				

TOTAL LOANS RECEIVED _____

(2) LOAN REPAYMENTS

DATE OF PAYMENT	FULL NAME AND FULL ADDRESS OF INDIVIDUAL OR GROUP TO WHOM REPAYMENT WAS MADE		PAYMENTS		EXISTING BALANCE
			This Period	Year-to-Date	
12/8/06	Name:	Mr. Mike Campbell	\$ 2,328.78	\$ 2,328.78	\$ 178,727.89
	Address:	P.O. Box 11211, Columbia, SC 29211			
Period End	Name:	Mr. Mike Campbell	\$ See Above	\$ 2,328.78	\$ 179,489.64
	Address:	P.O. Box 11211, Columbia, SC 29211			
Period End	Name:	Mr. Mike Campbell	\$ None	\$ 0.00	\$ 103,671.62
	Address:	P.O. Box 11211, Columbia, SC 29211			
	Name:		\$	\$	\$
	Address:				
	Name:		\$	\$	\$
	Address:				
	Name:		\$	\$	\$
	Address:				
	Name:		\$	\$	\$
	Address:				

TOTAL (Must equal amount reported in Number 13 Loans) \$ 283,161.26

D. FINAL DISPOSITION OF PROPERTY OWNED BY CAMPAIGN WORTH \$100.00 OR MORE

Asset: _____ Disposition: _____

Asset: _____ Disposition: _____

Asset: _____ Disposition: _____

Asset: _____ Disposition: _____